

NOTICE OF CONTRACT OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITION

RADIOLOGIST

ISSUE DATE: November 15, 2002

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **December 19, 2002**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
In subject line reference: "Code 22B"

A. NOTICE. This position is set aside for individual Radiologists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. RADIOLOGIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Diagnostic Radiologist in the Radiology Department located in Naval Hospital, Jacksonville FL.

WEEKDAY SERVICES: You shall normally provide services Monday through Friday for an 8.5 or 9 hour shift (to include an uncompensated .5 hour or 1 hour for lunch, depending on shift length, for lunch) between the hours of 0800 to 2300. Your specific schedule for each 1-week period will be scheduled 10 days in advance by the Department Head. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

On-call Services. Unscheduled services may be required at any time during the day or night, including weekends and holidays, and are to be provided on an on-call basis. The physician shall rotate on-call services with other radiologists. The on-call physician shall be available via pager or cell phone within 30 minutes of travel time of the Naval Hospital, Jacksonville. On-call services shall be required approximately one week, every five weeks. On-call will commence on Friday at 1600 hours, until the subsequent Friday at 0700 hours, including holidays. The physician will be released from on-call duty on Friday at 0700 hours. On average, the on-call physician can expect 3-5 calls per night; some of these calls may be responded to via laptop computer. The physician will be assigned a laptop computer and a pager or cell phone to facilitate provision of these services. Replacement costs if these are lost or stolen shall be borne by the physician. Assignment of on-call services will be according to the watch bill, which will be published at least 10 days prior to the physician being assigned a watch period. The watch bill is the responsibility and prerogative of the Head of the Radiology Department or his/her designated representative.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Unless you are providing on-call services, your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday,

President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are **not** required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Radiology services on site in the Radiology Department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

Administrative and Training Requirements

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students, residents in family practice) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.
2. Perform necessary administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
5. Participate in the implementation of the Family Advocacy Program as directed.
6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

SPECIFIC DUTIES/RESPONSIBILITIES OF RADIOLOGISTS ARE AS FOLLOWS:

1. Perform a full range of Radiology services on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services.
2. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.
3. Provide a full range of Radiology procedures as identified in Attachment I. Diagnose, treat, and counsel patients as indicated.
4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
5. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
6. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
7. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
8. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
9. Participate in peer review and performance improvement activities.
10. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
11. Complete continuing education to meet own professional growth and specialty standards.
12. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
 - 12.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
 - 12.2. The regulations and standards of professional practice of the treatment facility, and
 - 12.3. The bylaws of the treatment facility's professional staff.
13. Credentialing and Privileging Requirements.

13.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services.

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BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>.

13.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Have graduated from a residency training program in Diagnostic Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
3. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
4. Be eligible for U.S. employment. Provide copies of supporting documentation.
5. Provide two letters of recommendation from practicing physicians, written within the last 2 years, attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
6. Represent an acceptable malpractice risk to the Navy.
7. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This shall include Board certification in Radiology, then,
2. The letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a radiologist in a DoD medical facility.

4. Total Continuing Education hours.

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F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Statement" (Attachment II)
2. _____ Two copies of a completed Pricing Sheet (Attachment III)
3. _____ Two copies of proof of employment eligibility per Attachment IV
4. _____ Two letters of recommendations per paragraph D.5. above.
5. _____ One copy of Central Contracting Registration Confirmation Sheet (Attachment V)
6. _____ One copy of Small Business Representation (Attachment VI)

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for 621512.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or

via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You

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will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to: E-Mail: Acquisitions@nmlc.med.navy.mil (NOTE: Reference "Code 22B" in the Subject Line) or Telephone (301) 619-2062.

We look forward to receiving your application.

DIAGNOSTIC RADIOLOGY PROCEDURES

- Consultation, diagnostic workup planning, radiation monitoring, performing and interpreting the following procedures:

Routine radiographic studies including the chest, abdomen, extremities, head and neck

Fluoroscopic procedures of the gastrointestinal tract; e.g. barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast, and solid column barium enemas

Radiologic procedures of the genitourinary tract; e.g. intravenous pyelogram, voiding cystourethrogram, hysterosalpingogram, nephrostogram,

Radiologic procedures on the musculoskeletal system; e.g. arthrograms of all types

Supervising the performance and interpreting of results of screening, indicated or

diagnostic mammograms, including needle localization of any masses found

Ultrasound procedures of: the obstetrical patient and her fetus, the female Pelvis, the abdomen including kidneys, liver, spleen, biliary tract, gall bladder, pancreas, the thyroid, the chest for effusion, scrotum and breast

Advanced ultrasound, procedures of: Endovaginal ultrasound, Doppler imaging of veins and arteries,

Supervising the performance and interpretation of computer tomography of head, spine, and body,

Routine Magnetic Resonance Imaging (MRI) for head, spine, body and major joints, e.g., shoulder, knee, ankle, etc.

**These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.

Supplemental Procedures

Supervising the performance of and interpreting computed tomographic studies for the head, spine and body

Nuclear Medicine: Supervising the performance and interpretation of images obtained in nuclear medicine procedures using radioisotopes Tc-99m, I-131, I-123, Ga-67, Tl-201, Xe-133 and Xe-127

Advanced Ultrasound studies:

Endorectal imaging

Magnetic Resonance Imaging:

Intracranial imaging

Spinal cord imaging

Spinal canal imaging

Chest and heart imaging

Abdominal and pelvic imaging

Musculoskeletal imaging; e.g. shoulders, knees, ankles, and elbows.

Advanced neuroradiological procedures:

Cervical myelography via C2 puncture

Intra-cranial arterial catheterization or embolization

Advanced interventional procedures

Guided Biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses or organs

Pulmonary biopsies

Puncture and drainage of fluid collection and abscesses

PERSONAL QUALIFICATIONS SHEET - RADIOLOGIST

A. General Information

Name: _____ SSN: _____

Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

B. Medical Information

YES NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy?

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

6. Have you ever been unlawfully involved in the use of controlled substances?

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

(Signature)

(Date)

II. PROFESSIONAL**A. Advanced Education.****1. Medical School:**

- a. Name of Accredited School _____ Date of Training
(From) (To)

- b. Type of Degree: _____
- c. Location and Address of School:

- d. Name of Accredited School: _____ Date of Training
(From) (To)

- e. Type of Degree: _____
- f. Location and Address of School:

2. Additional Education:

- a. Name of Accredited School: _____ Date of Training
(From) (To)

- b. Type of Degree: _____
- c. Location and Address of School:

2. Additional Education (continued):

d. Name of Accredited School:

Date of Training
(From) (To)

e. Type of Degree: _____

f. Location and Address of School:

3. Continuing Education:

Title of Course

From

To

CE Hours

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4. Certifications

	YES	NO
BLS Level C Expiration Date: _____	_____	_____
NRP Expiration Date: _____	_____	_____
ACLS Expiration Date: _____	_____	_____
ATLS Expiration Date: _____	_____	_____
Other: Expiration Date: _____	_____	_____

B. Professional Employment. List your current and preceding employers for the past 5 years:**1. Name and Address of Present Employer(s):**

From: _____ To: _____

- a. _____

- b. _____

2. Name and Address of Preceding Employers for the last 5 years:

- a. _____

 Position/Title: _____
 From: _____ To: _____

2. Name and Address of Preceding Employers for the last 5 years (continued):

- b. _____

 Position/Title: _____
 From: _____ To: _____

c. _____

Position/Title: _____
From: _____ To: _____

d. _____

Position/Title: _____
From: _____ To: _____

e. _____

Position/Title: _____
From: _____ To: _____

f. _____

Position/Title: _____
From: _____ To: _____

g. _____

Position/Title: _____
From: _____ To: _____

3. List military experience providing medical services:

a. _____

Position/Title: _____
From: _____ To: _____

b. _____

Position/Title: _____
 From: _____ To: _____

c. _____

Position/Title: _____
 From: _____ To: _____

4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.

5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?

6. List prior experience teaching or proctoring residents in graduate medical education settings.

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Membership in professional organizations that promote your specialty:

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Practice Information:

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever been the subject of a malpractice claim? | _____ | _____ |
| 2. Have you ever been a defendant in a felony or misdemeanor case? | _____ | _____ |
| 3. Have you ever had your professional license revoked? | _____ | _____ |
| 4. Have you ever voluntarily surrendered your professional license? | _____ | _____ |

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

- | | | |
|----------------------------|-------|--------------------|
| 1. License Number | State | Date of Expiration |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2. Drug Enforcement Number | State | Date of Expiration |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature

Date

**PRICING SHEET
RADIOLOGIST**

PERIOD OF PERFORMANCE

Services are required from 2 February 2003 through 30 September 2003 for one (1) Full Time Radiologist at the Naval Hospital, Jacksonville, FL. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other Radiologists in the Jacksonville, FL area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes.** In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Full Time Radiologist for the Naval Hospital, Jacksonville, FL in accordance with the statement of work and the resulting contract.				
0001AA	Base Period; 4 Feb 03 thru 30 Sep 03	34	Wks	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	52	Wks	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	52	Wks	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	52	Wks	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	52	Wks	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 3 Feb 08	18	Wks	_____	_____
TOTAL CONTRACT LINE ITEMS 0001:					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____